



Department of State
Charitable Solicitations
312 8th Avenue North
8th Floor, William R. Snodgrass Tower
Nashville, TN 37243-0308
(615) 741-2555

WARNING: False or misleading statements
subject to maximum \$5,000 penalty. T.C.A. §48-101-514

APPLICATION FOR REGISTRATION
OF A CHARITABLE ORGANIZATION

INSTRUCTIONS: Please type or print all items on this form which are applicable to your organization. If you are unable to answer in the space provided, you may attach additional sheets. Indicate that an item does not apply by placing N/A by its number. A **nonrefundable** registration fee must accompany this application. The amount of the filing fee is as follows:

☐ Initial application. \$50.00 Filing Fee

☐ Renewal of Registration. (Based on gross revenue from all sources.)

Organization's Gross Revenue	Annual Filing Fee
0 - \$48,999.99	\$100.00
\$ 49,000 - \$99,999.99	\$150.00
\$100,000 - \$249,999.99	\$200.00
\$250,000 - \$499,999.99	\$250.00
\$500,000 - and above.....	\$300.00

OFFICE USE ONLY

Reg. No.	Date Rec'd.
Fee Pd.	
Rec. No.	<input type="checkbox"/>

1. **A.** Name of organization. _____

B. Federal Employer Identification Number: _____

C. Address of principal office. (Include Street, City, County, State, Zip Code) _____

D. If organization does not maintain an office, give the name and address of the person having custody of its financial records. _____

E. Mailing address, if different from principal office. _____

F. Telephone Number: _____ Fax Number: _____ E-Mail Address: _____

G. Does organization have other offices in the state of Tennessee?
If the answer is "Yes", list addresses below: (Include Street, City, State, Zip Code)

1. _____

2. _____

3. _____

H. If you solicit contributions under any name(s) other than that shown in 1.A., indicate name(s) below:

1. _____

2. _____

☐

Attach copies of document(s) authorizing your solicitation of contributions under name(s) shown above.

2. **A.** List the name, title, address, telephone number and date of birth for all officers, trustees and directors of organization. (List chief salaried officer first.)

Name (Last Name, First Name, M.I.)	Title	Address (Include Street, City, State, Zip Code)	Phone	Date of Birth
1. _____				
2. _____				
3. _____				
4. _____				

B. Attach a ten-year employment history of the organization's "control" or "key" person(s). "Control" or "key" persons are persons in control of the day-to-day operation of the organization. ☐

3. Describe the purpose of the organization. ☐

4. **A.** Legal entity of organization. ☐ Corporation ☐ Partnership ☐ Association ☐ Other (Specify) _____

B. When and where was legal entity organized? Date: _____ City: _____ State: _____

C. Beginning and ending dates for fiscal year of organization. _____ ☐

5. **A.** If this is your organization's initial registration, please attach a copy of your charter, bylaws or other similar governing document. Initial copy attached ☐ N/A ☐ ☐

B. Attach a copy of any amendments to your organization's corporate charter, bylaws or other governing document. ☐

6. Has organization ever received tax exemption from Internal Revenue Service? Yes ☐ No ☐

A. If the answer is "Yes", the date original Internal Revenue Service tax exempt status granted. _____ Date (Month, Day, Year)

B. Has your tax exempt status classification(s) ever been revoked by the Internal Revenue Service? Yes ☐ No ☐

If "Yes", attach a copy of letter of revocation and a written summary of the basis of the revocation.

C. If you have applied for a tax exempt classification with the Internal Revenue Service, **but have not received a final determination letter:**

(1) Attach copy of application. Yes ☐ N/A ☐ ☐

(2) Attach copy of Internal Revenue Service letter acknowledging receipt of application. Yes ☐ ☐

7. A. List all Chapters, Branches, & Affiliates of Organization which are located in Tennessee. Name of Chapter, Branch or Affiliate Street, City, State, Zip Code	B. Are you registering and reporting the Financial Activities for this agency?
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>

C. List name, title, & phone number of the Chief Executive Officer of each agency you checked "No" in 7.B.

Last Name	First Name	Title	Phone #
1. _____			
2. _____			
3. _____			

☐

8.

A. Is organization currently registered in any other state(s)?

B. If "yes," which state(s)?

9.

A.What is the name and address of your parent or national organization?_____

B. List the Chief Executive Officer of your parent or national organization.

Full Name (Last Name, First Name, M.I. and Title)

10.

A. Is organization currently authorized by any Tennessee Municipal authority to solicit contributions? Yes ☐ No ☐

B. If answer is "Yes", list the municipal authorities:

11.

A. Has organization ever been enjoined or prohibited from soliciting contributions? Yes ☐ No ☐

B. If answer is "Yes", attach a detailed explanation

Explanation attached. ☐

12.

A. Has any officer, director, manager, operator, principal or control person of the organization been the subject of an injunction, judgment or administrative order or been convicted of a felony? Yes ☐ No ☐

B. If answer to is "Yes", attach a detailed explanation

Explanation attached. ☐

13.

A. Indicate method(s) by which solicitations will be made in Tennessee:Personal Contact☐ Mail☐ Telephone☐ Volunteers☐ Radio/Television Appeals☐ Members☐ Professional Solicitor☐ Fund Raising Counsel☐ Vendor☐ Internet Address☐ _____ Other(s)(Specify) ☐

B. List names, addresses and phone numbers of any professional solicitor, fund raising counsel, vendor or any other person(s) who, for financial or other consideration, is engaged in solicitation activities on behalf of your organization.

Full Name (Last Name, First Name, M.I.)Address (Include Street, City, State, Zip)Phone

C. Attach a true copy of any contract or agreement with any professional solicitor, fund raising counsel, vendor or any other person(s) involved with the solicitation of contributions. Number of contracts attached:_____

14.

A. List names, addresses and phone numbers of all individuals who have final responsibility for custody of contributions.

Full Name (Last Name, First Name, M.I.)Address (Include Street, City, State, Zip)Phone

B. List all bank names and addresses where solicited funds will be deposited.

Full NameAddress (Include Street or Rural Route, City, State, Zip)

15.

List names, addresses and phone numbers of all individuals responsible for final distribution of contributions.

Full Name (Last Name, First Name, M.I.)Address (Include Street, City, State, Zip)Phone

16.

For what purpose will contributions be used? (Be Specific)

SIGNATURE SECTION

This document must be signed by two separate authorized officers **in the presence of a Notary Public**. Two signatures from the same individual cannot be accepted.

I/We certify that the information furnished in this application and all continuation sheets is true and correct to the best of my/our knowledge. Additionally, I/We understand that registration does not imply approval by the state of Tennessee and that any statement indicating otherwise is a violation of Tennessee law.

<div><div><div>Signature of Authorized Officer</div><div>Date Signed</div></div><div><div>Charitable Organization</div></div><div><div></div></div><div><div>Print Name</div></div><div><div></div></div><div><div>Title</div></div><div><div></div></div><div><div>NOTARY SEAL</div></div><div><div>SWORN TO AND SUBSCRIBED BEFORE ME AT:</div></div><div><div>(County and State)</div></div><div><div>This _____ Day of _____,19_____</div></div><div><div></div></div><div><div>Signature of Notary Public</div></div><div><div>My Commission Expires: _____</div><div><div></div></div></div></div>	<div><div><div>Signature of Authorized Officer</div><div>Date Signed</div></div><div><div>Charitable Organization</div></div><div><div></div></div><div><div>Print Name</div></div><div><div></div></div><div><div>Title</div></div><div><div></div></div><div><div>NOTARY SEAL</div></div><div><div>SWORN TO AND SUBSCRIBED BEFORE ME AT:</div></div><div><div>(County and State)</div></div><div><div>This _____ Day of _____,19_____</div></div><div><div></div></div><div><div>Signature of Notary Public</div></div><div><div>My Commission Expires: _____</div><div><div></div></div></div></div>
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